

**Inform, Educate and Empower People  
About Health Issues**

December 21, 2006

**New Hampshire Division of Public Health  
Performance Improvement Workplan**

**Broad Aim of the Project or Performance**

**Measure:** Communicate prioritized health promotion messages to the NH population in a coordinated manner based on evidence of effectiveness.

**Current baseline:** To be determined

<b>1. Plan - the Change</b> Based on problem identification, analysis and root causes	<b>2. Do – Try the Change on a Small Scale</b>  <b>Action Steps - What, Where, How?</b>	<b>Who?</b>  <b>Potential partners to carry out the action or change</b>	<b>When?</b>  <b>Target completion date</b>
	<b>*Note – these are the first 2 steps in the PDSA cycle. A follow-up work plan with the Study and Act components should be completed to evaluate the step taken.</b>		
<b>Problem statement defined:</b>  <b>New Hampshire needs coordinated information, education and communication to make effective public health messages accessible to all.</b>  <b>Performance measure(s) with baseline data:</b>	<b>Step 1: Initiate a collaborative process to assure coordination and consistent delivery of health messages.</b>  a. Identify key partners who will oversee the prioritization of delivery of coordinated and consistent health messages. b. Convene multi-partner task force to agree on priorities for public health issue agenda c. Communicate with partners to identify the components of a state health plan d. Identify data indices to use for this process e. Review health indicator data periodically to prioritize for health promotion activities those with the greatest impact on the health of the state. f. Seek input from DHHS on how messages can be approved in a more timely fashion at the level of the state public health department g. Review models of health message branding and other methods to assure consistent/coordinated messaging h. Advocate for consistent ongoing messaging on key issues regardless of funding i. Advocate for cross program coordination within DPHS to assure that related topics are integrated in messaging Create talking points that convey the meaning and value of public health to people in power	<b>Task Force with Lead Partners:</b> Citizens Health Institute, DPHS, NH Public Health Association (staff at all levels should participate)  <b>Invite:</b> Heart, Lung and Cancer Associations and other voluntary health organizations, community health offices of hospitals and other large health organizations, March of Dimes, Foundation for Health Communities, NH Hospital Association, Medical Society, Professional Organizations, Dental Groups, DPHS Contractors, faith communities, any other appropriate groups	<b>Process initiated by September 2007</b>  <b>Note:</b> The Task Force, when it is convened, will establish a timetable with specific target dates for all of the activities included in each action step and will appoint an individual as task leader for each task.

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<b>Problem statement defined:</b>  <b>New Hampshire needs coordinated information, education and communication to make effective public health messages accessible to all.</b>  <b>Performance measure(s) with baseline data:</b>	<b>Step 2. Create tools/mechanisms to increase awareness/coordination of health promotion initiatives</b>  a. Develop a website to inventory current public health activities and partners  b. Review models from other states (Maine and Washington) and CCIN website maintained by Margo Caulfield  c. Include: Link from DPHS, Calendar information, Library of Resources, Inventory, Listing of providers  d. Use NHPHA as a model/partner  e. Connect with 211 Database being developed nationally as a consumer link to social service and health information (Service Link projects DEAS working on this)  f. Develop a promotional plan for the website (include in Communication Plan)  g. Procedure for regular review and update  h. In conference planning consider coordination between chronic disease management and disease prevention Consult/utilize new cross state health claims data repository	<b>Lead:</b> Citizens Health Initiative Public Health Association  <b>Consult with:</b> DOE NH Child Advocacy Network New Futures NH Library Association Parent Information Centers BEAS (Bureau Elderly Adult Services)	<b>January 2008</b>

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<b>Problem statement defined:</b>  <b>New Hampshire needs coordinated information, education and communication to make effective public health messages accessible to all.</b>  <b>Performance measure(s) with baseline data:</b>	<b>Step 3: Develop a mechanism to provide Training and Technical Assistance (TA) for providers to enable them to deliver effective and accessible health messages</b>  <ul style="list-style-type: none"> <li>a. Develop an inventory/ clearinghouse for information on best practices for health promotion and education</li> <li>b. Initiate a peer review group for materials and messages</li> <li>c. Link to and include information from Office of Minority Health, HRET</li> <li>d. Find links to education on cultural competence with educational credits</li> <li>e. Promote access to clearinghouse</li> <li>f. Review and adopt standards for cultural and linguistic competency</li> <li>g. Review communication plan developed by the Office of Minority Health</li> <li>h. Consider the feasibility of a technology tool lending library (look at DPHS Library – Public Libraries)</li> </ul>	Public Health Association, Citizen's Health Initiative, DPHS  Office of Minority Health Minority Health Coalition AHEC Endowment for Health Community Health Institute UNH Institute for Policy and Practice Center for Evaluative Clinical Sciences (Dartmouth)	<b>December 2007</b>

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<b>Problem statement defined:</b>  <b>New Hampshire needs coordinated information, education and communication to make effective public health messages accessible to all.</b>  <b>Preliminary Draft Objectives</b>  <b>Performance measure(s) with baseline data:</b>	<b>Step 4. Secure expanded resources to implement this public health education plan</b>  <ul style="list-style-type: none"> <li>a. Seek public private partnerships for technology and funding</li> <li>b. Consider legislative funding potential</li> <li>c. Build a community based advocacy effort to support public funding for health promotion and education</li> <li>d. Consider the uses of the Tobacco Settlement Fund</li> <li>e. Educate legislators and policymakers about the need for health promotion and prevention</li> <li>f. Consider cross departmental use of funds for related public health endeavors – move beyond single-purpose funding (get out of the silos)</li> <li>g. Explore town and church trust funds</li> </ul>	Task Force formed in Step 1 with the following partners:  Citizens Health Initiative  NH PHS  Local Government Center NH Charitable Foundation	<b>June 2008</b>

## Monitor Health Status

December 21, 2006

## New Hampshire Division of Public Health Performance Improvement Workplan

### Broad Aim of the Project or Performance Measure:

To develop a user-driven flexible system (web/system wide) that can be used to access relevant public health data

**Baseline:** Components of this exist

### 1. Plan - the Change

Based on problem identification, analysis and root causes

### 2. Do – Try the Change on a Small Scale

**Action Steps - What, Where, How?**

### Who?

**Partners who will carry out the action or change**

### When?

**Target completion date**

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### Problem statement defined:

Relevant data and statistics to prioritize public health problems and evaluate interventions are not available to state and local stakeholders

### Performance measure(s) with baseline data:

To develop a user-driven flexible system (web/system wide) that can be used to access relevant public health data

### Information gathering

1) Create a context or framework for selecting key public health indicators to be *readily available at the state and local level* for decision making and program evaluation

Look at 2010

WRQS

Citizens Health Initiative

Include demographic and employment, law enforcement

UNH

Citizens Health Initiative

Community Health institute

DHHS

NHPHA

June 2007

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### 2) Identify existing data in the state and update data inventory

WRQS

Community Health Centers

UNH Data Inventory

Update a review on what other states have done to make data accessible to users

UNH, CHAN/EMR Users Group, Bi-State, DHHS, UNH

September 2007

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### 3) Determine a way to generate immediate reports and opportunities to improve access to data posted on a web site

Determine DHHS needs and if they can meet the needs

Determine who has the capacity

Determine partners who have capacity and can link to appropriate resources

Increase the capacity of DHHS web team

UNH

NHPHA

Citizens Health Initiative

DHHS

### Potential Funders

Endowment for Health

NH Charitable Foundation

Insurers

March 2007

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### Development and Implementation Phases

#### 1) Create a data center in the Division of Public Health with defined requirements

Establish criteria for operating from internal and external stakeholders – consider what other groups are doing

Add epi/stats staff – 3-5 additional positions

Seek legislative support for a DPHS data center – including staff

Look at federal funding to support epi work

Educate DPHS staff, external partners on value of a DPHS data center

Develop a mission for the data center

Look at collaboration with other states /national initiatives (model/partnership)

Work with public relations group to promote services of the DPHS data center

**CHI**

**Legislators**

**NHPHA**

**NHPHN**

**Citizens Health Initiative**

**January 2008**

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	<b>2) Establish ongoing data committee to address state and local data needs and strategic planning</b>  With staffing from the DPHS data center  Establish as part of the state public health advisory council  <b>Education and Training Issues</b>  Establish priorities for education and training relative to data in collaboration with workforce development group  policy makers  users  <b>Policy Issues</b>  Establish policy priorities on data collection and use  Communicate policy priorities to decision makers, advocates  <b>Technical Issues</b>  Investigate new sources of data and application for public health surveillance	<b>UNH, Manchester Health Department, Public Health Networks, Community Health Institute</b>  <b>UNH, CHI, Citizens Health Initiative, DHHS, CPPS ?</b>  <b>DHHS, NH Research Group, UNH Research Professors</b>	<b>March 2007</b>          <b>January 2007</b>          <b>January 2007</b>

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	<b>3) Create a state health profile biennially or as determined by the data advisory committee:</b> <ul style="list-style-type: none"><li>Consider appendices at sub-state level</li><li>Consider requiring production of the report on a regular basis</li></ul>	DHHS, bidder	January 2007 and biennially
	<b>4) Review and refine existing data resources to meet current and changing needs (January 2008)</b> <ul style="list-style-type: none"><li>Expand BRFSS and YRBS – to allow for sub-state analysis to have accurate data about health risk behaviors in NH</li><li>Promote universal implementation of YRBS Data advisory committee provides input into BRFSS and YRBS for continuity</li><li>Expand to include items relative to key data indicators as in information gathering</li></ul>	DHHS Data Committee Potential Funders Endowment for Health NH Charitable Foundation	January 2008 Ongoing

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	<b>5) Develop capacity to exchange data with systems partners via web</b>  Review results of pilot programs such as RWJ grant to collect performance measures\RTI\ e-prescribing  Review progress of DPHS Environmental Health Tracking Program's transfer of data between DES and DHHS.  Establish a dedicated DPHS server to allow automated data exchanges via PHINms software for PH Labs, EPHT, and related programs.	DHHS UNH CHAN Primary Care Health Centers   NH DES NH OIT NH Dept of Safety	July 2008       July 2007  March 2007

**Mobilize Community Partnerships**  
December 21, 2006

**New Hampshire Division of Public Health  
Performance Improvement Workplan**

**Broad Aim of the Project or Performance Measure:**

To improve the effectiveness and collaboration of community coalitions\partnerships to deliver essential public health services  
Baseline: No coordinated effort to improve coalition effectiveness exists

<b>1. Plan - the Change</b> Based on problem identification, analysis and root causes	<b>2. Do – Try the Change on a Small Scale</b>  <b>Action Steps - What, Where, How?</b>	<b>Who?</b>  <b>Potential partners to carry out the action or change</b>	<b>When?</b>  <b>Target completion date</b>
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<b>Problem statement defined:</b>  <b>The system's ability to deliver essential services is limited by information gaps about coalition/ partnerships, including: numbers, types, geographic distribution, effectiveness, strategies to evaluate effectiveness, and common terminology</b>  <b>Performance measure(s) with baseline data:</b>	<b>1) Identify what coalitions currently exist</b> <ul style="list-style-type: none"> <li>Define common terminology for coalitions and other partnerships               <ul style="list-style-type: none"> <li>Taxonomy should not be exclusive</li> </ul> </li> <li>Conduct an inventory of the numbers and types of coalitions and partnerships               <ul style="list-style-type: none"> <li>Use existing maps and lists</li> </ul> </li> <li>Determine the capacities/resources of coalitions/partnerships to carry out essential services</li> </ul>	<b>DPHS, New Futures, NH National Guard, Public Health Networks, NH Hospital Association, NH Public Health Association, Bi-State Primary Care Assoc, United Ways, UNH Cooperative Extension, Community Coalitions</b>	<b>April 2007</b>  <b>June 2007</b>  <b>September 2007</b>
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	<b>2) Gather from existing networks and previous plans info about partnerships, local community needs and priorities:</b> <ul style="list-style-type: none"> <li>• PHNs</li> <li>• HP2010→ action steps</li> <li>• Turning Point→ Advisory group</li> </ul>	<b>Policy and Planning Work Group</b> CHI, DPHS <b>Public Health Networks</b> <b>Community Coalitions</b>	<b>March 2007</b>
	<b>3) Create infrastructure that supports community partnerships.</b> <ul style="list-style-type: none"> <li>• Build policy agenda to maintain consistent focus over time not subject funding shifts, media influence</li> <li>• Assess adequacy and distribution of current resources to support community partnerships</li> <li>• Develop additional resources to sustain effective community partnerships</li> </ul>	<b>Department of Education, PHIAP/Council, Public Health Networks, DPHS, Dept of Safety, EMS, Community Coalitions, Advocacy Org, Citizens health Initiative</b>  DPHS, EMS, PHN, DOE	<b>June 2007</b>          <b>November 2007</b>          <b>December 2007</b>

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	<b>4) Mobilize local populations to support public health initiatives</b> <ul style="list-style-type: none"> <li>▪ Build consensus and awareness that we are all part of public health (disseminate definition):</li> <li>▪ Use the information coming out of communication campaign to educate community partners and public</li> <li>▪ Assure practices that address community priorities and needs to maintain community buy-in</li> </ul>	<b>NH PHA Contractor</b>   <b>All public health stakeholders</b>   <b>Community Partnership Leaders</b>  <b>DPHS</b>	<b>Ongoing</b>

**Mobilize Community Partnerships**  
December 21, 2006

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**1. Plan - the Change**

Based on problem identification, analysis and root causes

**2. Do – Try the Change on a Small Scale**

**Action Steps - What, Where, How?**

**Who?**

**Potential partners to carry out the action or change**

**When?**

**Target completion date**

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**5) Encourage broad-based partnerships that find solutions to multiple public health priorities**

- Improve coordination between existing single purpose entities
- Identify best practices of model partnerships: what works nationally and locally.
- Provide technical assistance and tool kits for development of successful-broad-based partnerships

**DPHS  
Community Partnership Leaders  
Advocacy Groups  
Dartmouth  
UNH School of Social Work  
UNH Institute  
UHN Coop Ext  
Dartmouth**

**Ongoing  
  
March 2007  
  
June 2007**

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	<b>6) Evaluate coalitions/partnerships</b> <ul style="list-style-type: none"> <li>Identify strategies for evaluating community partnerships</li> <li>Disseminate tools and provide technical assistance to carry out evaluation</li> <li>Compile and share aggregate results of evaluations</li> <li>Use evaluation results to inform practice and policy</li> </ul>	<b>UNH School of Social Work</b> <b>UNH Institute</b>  <b>UHN Coop Ext</b> <b>DPHS</b> <b>Dartmouth</b>	<b>November 2007</b>          <b>July 2008/ongoing</b>

**Develop Policies and Plans that support individual and community health efforts**

December 21, 2006

**New Hampshire Division of Public Health  
Performance Improvement Work plan**

**Broad Aim of the Project or Performance Measure:**

To institutionalize a public health improvement planning process

**Current baseline:** Current planning process tied to existing staff, not required

<b>1. Plan - the Change</b> Based on problem identification, analysis and root causes	<b>2. Do – Try the Change on a Small Scale</b> <b>Action Steps - What, Where, How?</b>	<b>Who?</b> <b>Potential partners to carry out the action or change</b>	<b>When?</b> <b>Target completion date</b>
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<b>Problem statement defined:</b>  NH lacks a state public health system improvement planning process, which is sensitive to local priorities and strives to improve the health of all people in NH. The development of such a plan must incorporate a means of securing the resources needed for implementation  <b>Performance measure(s) with baseline data:</b>	<b>Information Gathering</b>  1) Research what other states have done. Washington state and Illinois have improvement plans Explore: <ul style="list-style-type: none"> <li>• Are these processes in statute?</li> <li>• Do they have a planning committee</li> <li>• How is the plan related to the Governor's office/DHHS administration</li> <li>• What level of detail is there?</li> <li>• What kind of resources is available for planning and implementation?</li> <li>• How do they address sustainability/support of the process?</li> </ul> 2) Identify data to show variability in state communities and to identify disparities in health status  3) Inventory and/or visual map current local or regional public health planning processes/improvement planning processes <ul style="list-style-type: none"> <li>• Identify priorities and time tables</li> </ul>	<b>DPHS</b>          <b>Data Group/DPHS, UNH, EFH</b>   <b>CHI, Local Planning partners</b>	<b>Done</b>          <b>March 2007</b>
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December 21, 2006

**Broad Aim of the Project or Performance Measure:**

To institutionalize a public health improvement planning process

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**Develop Policies and Plans that support individual and community health efforts**

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	<b>Develop Performance Improvement Plan</b>  1) Identify resources that can help to develop and implement plan  2) Determine recommendations for infrastructure to accomplish the plan  3) Create a plan to monitor the improvement process  4) Promote legislation for council to sustain planning process	<b>PHIAP</b> <b>Stakeholders NHPHA, PH Advocates</b>  <b>PHIAP</b> <b>PHIAP</b>	<b>Every 6 months</b> <b>July 2007</b>  <b>Next 3-6 months</b>

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	<b>Sustain Planning Process</b> <ol style="list-style-type: none"> <li>1) Continually update leadership of DHHS /Governor’s office on planning</li> <li>2) Explore private, federal and state funds grants that could be used for planning and implementation</li> <li>3) Continue to engage a broad group of stakeholders at the state and local in the planning process.</li> <li>4) Identify ways to coordinate with public health planning regions and other initiatives</li> <li>5) Continue to engage people at state and local level to do planning</li> </ol>	<b>Council chair, PHIAP, DPHS</b>  <b>DPHS, PH Stakeholders</b>   <b>PHIAP</b>	<b>On going</b>

**Develop a Public Health  
Communication Plan**  
December 21 2006

**New Hampshire Division of Public Health  
Performance Improvement Work plan**

**Broad Aim of the Project or Performance Measure:**  
To communicate the importance of public health to various audiences  
**Current baseline:** - No coordinated communication plan

**1. Plan - the Change**

Based on problem identification, analysis and root causes

**2. Do – Try the Change on a Small Scale**

**Action Steps - What, Where, How?**

**Who?**

**Potential partners to carry out the action or change**

**When?**

**Target completion date**

**\*Note – these are the first 2 steps in the PDSA cycle. A follow-up work plan with the Study and Act components should be completed to evaluate the step taken.**

**Problem statement defined:**

New Hampshire does not have a communication plan to communicate the relevance, importance, and value of public health to our target audiences

**Performance measure(s) with baseline data:**

**Information Gathering Stage**

- 1) Identify leadership and authority for the plan -
- 2) Identify target audiences
- 3) Examine existing definitions of public health and articulate one for New Hampshire
- 4) Examine research done on how people perceive public health and what is important to them (Research America) –
- 5) Review other state's public health communication plans (particularly Washington state)
- 6) Meet with Citizens Health Initiative group to determine overlapping activities and gaps
- 7) Determine our actions based upon results of meeting with the Citizens Health Initiative

NH Public Health Association

Done

Work Group

Done

PHIAP

December 2006

Contractor

March 2007

Contractor

March 2007

Work Group Members

Done

Work Group

Done

# Develop a Public Health Communication Plan

December 21, 2006

## New Hampshire Division of Public Health Performance Improvement Work plan

**Broad Aim of the Project or Performance Measure:**

To communicate the importance of public health to various audiences

**Current baseline:** - No coordinated communication plan

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<b>*Note – these are the first 2 steps in the PDSA cycle. A follow-up work plan with the Study and Act components should be completed to evaluate the step taken.</b>			

	<p><b>Development Phase</b></p> <ol style="list-style-type: none"> <li>1) Identify language and motivating factors for each audience (see Washington state information)</li> <li>2) Identify most effective tools/methods for each audience and type of information (ie.technical vs. information for the public)</li> <li>3) Identify other stakeholders who are potential communicators <ol style="list-style-type: none"> <li>a. When do we engage them</li> <li>b. Would they use the messages</li> <li>c. What are the barriers to using the messages</li> <li>d. Conduct focus groups with stakeholders on messages)</li> </ol> </li> <li>4) Develop pre and post evaluation</li> </ol>	<p>Contractor</p> <p>Contractor</p> <p>Contractor Work Group</p> <p>Contractor</p>	
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# Develop a Public Health Communication Plan

December 21, 2006

## New Hampshire Division of Public Health Performance Improvement Work plan

**Broad Aim of the Project or Performance Measure:**

To communicate the importance of public health to various audiences

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	<p><b>Action Phase -</b></p> <ol style="list-style-type: none"> <li>1) Develop core messages</li> <li>2) Create shell-logo brand             <ol style="list-style-type: none"> <li>a. Then individual</li> </ol> </li> <li>3) Determine tools to develop (i.e. fact sheets, ppt, etc – ja added)</li> <li>4) Coordinate existing materials/resources</li> <li>5) Create standards (?)</li> <li>6) Carry our pre-evaluation</li> </ol> <p><b>Maintenance Efforts</b></p> <ol style="list-style-type: none"> <li>1) Determine how plan will be sustained</li> <li>2) Carry out post evaluation</li> </ol>	Contractor	
		<p>Work Group</p> <p>Contractor</p>	

## Workforce Development Work Group

December 21, 2006

## New Hampshire Division of Public Health Performance Improvement Work plan

### Broad Aim of the Project or Performance Measure:

To develop a public health workforce development plan to assure a competent workforce to address public health needs

**Baseline:** No workforce development plan exists

### 1. Plan - the Change

Based on problem identification, analysis and root causes

### 2. Do – Try the Change on a Small Scale

**Action Steps - What, Where, How?**

### Who?

**Potential partners to carry out the action or change**

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**Target completion date**

**\*Note – these are the first 2 steps in the PDSA cycle. A follow-up work plan with the Study and Act components should be completed to evaluate the step taken.**

### Problem statement defined:

NH does not have a coordinated workforce development plan that addresses recruitment and retention of public health professionals, communication of educational opportunities and coordination of life-long learning to assure a competent workforce.

### Performance measure(s) with baseline data:

### 1. Define what we mean by public health workforce (role, skill) (Health Officers)

- Research existing definitions
- Keep in mind environmental component
- Keep in mind uniqueness of NH public health structure

DPHS

January - February 07

## Workforce Development Work Group

December 21, 2006

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Action Steps - What, Where, How?

### Who?

Partners who will carry out the action or change

### When?

Target completion date

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### 2. Develop overarching principles for workforce development

#### Overarching Principles

A workforce development plan should strive to:

- Assist all public health workers to meet a basic set of Public Health core competencies
- Assist public health workers to meet public health competencies pertinent to their role
- Be based upon national or accepted standard competencies
- Design a system to facilitate the integration of core competencies into all public health work

Committee

December 2006

## Workforce Development Work Group

December 21, 2006

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### 3. Conduct an assessment of public health workforce

- Research what other states have done relative to assessment of the work force.
- Examine where is workforce coming from? What educational programs?
- Examine the viability of educational programs
- Examine information on health manpower shortage areas
- Project future public health workforce needs (employment security)
- Assess the public health workforce needs of stakeholders/employers? Including FTEs if possible (included – not funded positions but needed)
- Assess training & educational needs of workforce.
- Examine why are people leaving public health (i.e., exit interviews)
- Include an assessment of statutory requirements of positions
- Look for resources

**UNH Institute**

**Students**

**Center for  
Evaluative  
Clinical Sciences**

**Potential Funding  
Sources**

**EFH**

**Charitable  
Foundation**

**HRSA Bureau of  
Health  
Professions**

**NEAF**

**May 2008**

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December 21, 2006

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### 4. Identify potential entity to oversee workforce development planning and implementation, sustainability

- Examine funding for ongoing support
- Look at constraints re: federal funding.
- Explore accountability mechanisms for workforce development mechanism (i.e., put into state contracts).
- Examine in context with larger public health planning entity as related to legislation of statewide public health council
- Research existing models of workforce development plans and councils
- Assure coordination with other groups outside public health workforce (?)
- Make recommendations for entity to take lead on workforce development

**DPHS – research existing mechanisms**

**Sept 2007**

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December 21, 2006

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### 5. Create a workforce development information portal/website/clearinghouse

- Use as a repository of what is learned through the assessment.
- Define data elements after the assessment
  
- Utilize database to keep track of training opportunities and training the work force has taken.
- Use by individuals and agencies to track competencies and learning.
- Explore the use of TRAIN to do this

UNH Institute for Health Policy and Practice

May 2008

DPHS  
NH Public Health Association  
AHEC  
NH Center for Not for Profits

September 2007

## Workforce Development Work Group

December 21, 2006

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### 6. Develop a competency based public health workforce system

- Research and adopt existing public health competencies.
- Provide a tool kit for employers that integrates competencies into performance evaluation and a training plan
- Examine links to accrediting bodies such as the Board of Nursing/Assoc of Schools of Public Health
- Explore incentives for the workforce to embrace a competency-based system such as: providing time for training and career ladders.
- Explore accountability for employers such as through contracts.
- Integrate into a learning management system
- Conduct competency assessment - formal and informal
- Determine barriers (to competency assessment?)

**DPHS**

**UNH**

**Dartmouth**

**Manchester Health Dept.**

**May 2009**

December 21, 2006

**Broad Aim of the Project or Performance Measure:**

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December 21, 2006

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### 9. Recruitment and Retention

- Seek uniformity of language when posting positions
- Promote centralization of public health positions and internship postings with links to other web sites
- Create links to Employment Security relative to labor market
- Maximize recruitment and use of interns
  - Establish relationships with schools/institutions relative to students needs and availability for internships
  - Identify 1<sup>st</sup> and 2<sup>nd</sup> tier schools to contact
- Explore recruitment initiatives of the nursing field
- Explore health career camps and other means to reach
  - High school students
  - Guidance counselors
  - Health occupation students
  - Technology schools within high schools
  - Environmental, lab and food safety recruits

**Workforce council  
NH Public Health  
Association**

**Workforce  
Council  
DPHS  
UNH  
Dartmouth**

**June 2007  
September 2007**

**December 2007**

## Workforce Development Work Group

December 21, 2006

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### 9. Recruitment and Retention – continued

- Consider workers making career changes with transferable skills
- Explore mentor programs for new public health workers with those in similar positions